NHS
East Lancashire
Clinical Commissioning Group

NHS EL CCG Primary Care Committee

Minutes of the meeting held on Monday, 15 August 2016
2pm at Walshaw House

PRESENT:

Naz Zaman	Lay Member - Equality & Inclusion : Chair
Kirsty Hollis	Chief Finance Officer
Sharon Martin	Director of Performance & Delivery
Michelle Pilling	Lay Member - Quality & Patient Engagement/Deputy Lay Chair
David Swift	Lay Member - Governance

In Attendance:

Lisa Cunliffe	Primary Care Development Manager
Rebecca Demain	Head of Commissioning
Jackie Forshaw	Head of Primary Care, NHS E
Stephen Gough	Primary Care Transformation Manager, NHS E
Duncan McGrath	Head of Primary Care Development, Local Medical Committee
Dr Phil Huxley	CCG Chair
Mark Youlton	Chief Officer

Min Ref:		ACTION
16.121	**Welcome & Chairs Update** Naz Zaman, Chair of the Committee welcomed everyone to the meeting and introductions were made.	
16.122	**Apologies** Apologies were received from Jackie Hanson, Richard Daly, Mark Dziobon, Peter Higgins and Sheralee Turner-Birchall.	
16.123	**Governance** ▪ **Declarations of Interest:** There were no declarations of interest ▪ **Quoracy:** The meeting was quorate	
16.124	**Minutes of the meeting held on 25 July 2016** The minutes of the meeting held on 25 July 2016 were presented. **Min 16.1077: INT Update** Para 6 was to be amended to read – It was felt that from a GP viewpoint, …. Subject to the above amendment, the minutes were approved as an accurate record.	
16.125	**Action Matrix** The Action Matrix was discussed and updated as follows:	

Minutes approved by the Chair : 29.8.16

	15.144 Quality Review Update The Mou had been finalised to include the Task and Finish functions in terms of Finance and Nursing & Quality. The revised document would be ratified at the next meeting of the Co-Commissioning Management Group in September. **ACTION:** Jackie Forshaw to forward the revised MoU to the CCG.	**JF**
16.126	**Matters Arising** There were no matters arising.	
16.127	**Primary Care Transformation Update** Stephen Gough, Primary Care Transformation Manager, NHS E gave a presentation outlining the role of the Transformation Team which is funded by NHS E, to support Lancashire CCGs to deliver sustainable high quality primary care. At locality level the team also provide support in the identified priority areas. A structure outlined the national, regional and local team and how the Transformation Team feeds into local groups, aligning the national agenda with local ambition to enable delivery. Work was also underway at practice level to ensure they are ready to deliver and work at scale, noting that a number of workshops are planned to support this. Work was also ongoing with Federations towards integrated models of care, leading to the implementation of the GP Forward View. In terms of governance, the Primary Care Programme Board will oversee the work of the Primary Care Transformation Team, ensuring that 20% of the transformation fund is invested in primary care which requires a consensus approach to deliver the programme of work. New models and the primary care vision across Lancashire was outlined, and four key priorities were identified: ▪ Support and Grow the primary care workforce ▪ Improve access to primary care services in and out of hours ▪ Transform the way technology is deployed and infrastructure utilised aim to increase the population utilising on line services. ▪ Better manage workload and redesign how care is provided. Including workstreams to deliver strong, sustainable primary care and outcomes for 2020/21. In terms of resources, £335k was available to spend by end December 2016 to support vulnerable practices, noting that only one third of practices had applied for funding and £426k was available to set up a Task & Finish Group to support the GP resilience programme. Early priorities were discussed and it was confirmed that Estates & Technology Transformation Fund (ETTF) bids had already been submitted which would go through a priority exercise and a series of events were in place relating to the clinical pharmacy programme. Expressions of Interest were being sought from practices in respect of the GP Development Programme, which needs to link to what is happening in respect of Vulnerable Practices (VP) and the Resilience Programme. The Team would work closely with IT to achieve 25% utilisation of online services, working with	

	Healthwatch to understand patient culture. A workshop was planned in October relating to the Multispecialty Community Provider contract and there was a need to achieve 7 day access for 20% of the population. In terms of GP Indemnity Insurance, funding was available to practices to cover increased costs. The final slide outlined a step by step approach to achieving integration. Discussion followed and members were advised that discussions had taken place with the LMC and the Quality Team regarding vulnerable practices and there were concerns locally regarding small single handed practices, highlighting the need to do some structured work to support these practices. Sharon referred to the available funding and asked it this could be used to work with the LMC to support this work. Stephen pointed out there was a need to identify the best package of support to meet the needs of the practice, which could line up to the GP Development Programme. However, it was agreed there was a need to look at the locality to provide a sustainable solution rather than looking at practices in isolation. The selection criteria for the VP and Resilience programmes were the same for both and there was flexibility in terms of how the support will be provided. It was reported that the Task & Finish Group have support options in place to address the initial group of vulnerable practices who have not responded to take up this support. The LMC are in the process of contacting the practices to understand why they are not responding. It was agreed there is a real sense of urgency required, as the CCG have invested considerably in developing relationships and it was important to understand how quickly decisions can be made to release the funding to East Lancashire. It was confirmed that resilience funding from the Government was allocated at a Lancashire level based on the number of vulnerable practices, rather than on a weighted population base. Jackie Forshaw explained the methodology for identifying how practices that would receive support, noting that NHS E would work with the CCG to manage this. Mark felt that by allocating resilience support to Federations could be a better way to allow the money to be spent differently rather than funding going to individual practices. Some of the vulnerable practices have very specific issues and by taking this approach would allow Federations to have discussions with localities with a view to sharing back office functions etc. Stephen confirmed that he had spoken to Sally McIvor as to how the Team could support the delivery of the Pennine Lancashire Transformation Programme, making particular reference to involvement via the six Solution Design events. **ACTION:** Sharon Martin and Rebecca Demain to work with the team regarding further support. The Chair thanked Stephen for his presentation.	**SM/RD**
16.128	**New Models of Primary Care Update** Lisa presented a draft commissioning proposal to develop the model for extended access to primary care.	

	Background information was provided, confirming that consultation and engagement took place on the outline model based on 4 key areas and ended on 8 July 2016. Initial feedback identified general support for the model, however concerns remain in Hyndburn as the new model will replace the current walk in service. A petition was awaited from the Hyndburn locality and Lisa would make enquiries as to when this would be received. Legal advice had also been sought on the procurement options. The development of a detailed service delivery model would be managed in four stages. Phase 1 outlined the governance structure which included a Provider Collaboration Service Design Group (PCSDG). Reference was made to the work of Jackie Hadwen from Attain, which identified that the localities were each at different places and levels of understanding regarding the direction of travel. Stage 2 outlined locality commissioner engagement and Stage 3 identified patient engagement as being central to everything that we do and this must continue going forward. A focused piece of work to address the concerns in Hyndburn would be undertaken to look at the model going forward. Stage 4 was to establish a Provider Collaboration and Service Design Group with effective links into Locality Provider Forums, with the purpose of developing a detailed service delivery model. A pilot needs to be in place in time to address the winter pressures. It was reported that the areas of Rossendale and Ribblesdale can move forward quickly with the systems they currently have in place. Lisa confirmed that East Lancashire currently identified 57 individual practices, 9 neighbourhoods, 5 localities. 3 Federations and an Out of Hours provider and the challenge is to get the provider landscape to work for us. Phase 3 was the development of a detailed commissioning and mobilisation plan with a view to ensuring effective roll out of the new service delivery model across EL. Next steps and milestones were also outlined, highlighting the need to ensure revised governance arrangements are in place to establish PCSDG and put plans in place to test the model in early December to support winter pressures. Pending the outcome of the consultation, phased implementation could commence in early 2017 and the service could dual run until the close of the contract on 1 September 2017. Mark referred to the consultation being on a hub model, which is the service we want to take forward, highlighting the need for discussion with localities to define the service specification. Michelle referred to the great work in designing the principles with patients, and the need to keep focused on the key principles. She felt there has been good involvement with the public, but there is no evidence of patients being involved in Federations and it was important to ensure they use their patients in working up their proposals. Dr Huxley felt the presentation was helpful and he agreed with all the comments made. The process was complex and he supported the concept of a Provider Group, highlighting the need to work with all the practices and providers to take this forward. However, it was recognised that the proposal of 8 to 8 working has concerns in terms of capacity.	**LC**

	There was also a need to be aware of conflicts of interest going forward, although this should not stop the work going ahead. It was suggested having an independent Chair for the PCSD Group but the CCG to facilitate the process. Concerns were expressed that there may still be a need to go out to Tender (pending legal advice). It was recognised this is the first step in changing the way of working and New Models of Care is about making the system fit for the future to develop the provider landscape.	
16.129	**General Practice Resilience Programme** The report provided details of the General Practice Resilience Programme (GPRP) announced as part of the GP Forward View. The guidance aims to deliver a menu of support to help practices become more sustainable and resilient, better placed to tackle challenges they face now and into the future and securing continuing high quality care for their patients. The resource available is in addition to the two national programmes currently operating that offer support to GP practices where there is the greatest need to improve sustainability and resilience. Lisa referred to discussions at the previous meeting regarding resilience and sustainability, advising that nine practices had been identified in EL as being vulnerable but only one had taken up the offer of support. It was felt that practices may not identify themselves as vulnerable, recognising that being sustainable and resilient seems more palatable. The CCG and LMC agreed to draft a joint letter to be issued to the identified practices and the language used was to be reviewed. NHS E and the CCG were also refreshing the vulnerable practice list. Members were also made aware that there are a number of practices not yet identified that may become vulnerable fairly soon. The Chair asked if there was any reason why practices are not taking up the offer of support and it would be good to contact the practices again to discuss resilience and sustainability. Jackie Forshaw advised that the national team of NHS E are commissioning a framework agreement to identify providers who can go into practices to provide packages of support, which would be another helpful resource. The Chair thanked Lisa for her report.	**LC/LMC**
16.130	**Any Other Business** **16.130.1 Items for Inclusion on the Corporate Risk Register** There were no new items for inclusion on the Corporate Risk Register. **16.130.2 Meeting Dates** Members were asked to consider moving the meeting day from Monday to Tuesday to enable the Clinical Director to attend. It was considered feasible if notice is given to enable diaries to be updated. Mark Youlton also asked if there was a need to continue to meet on a monthly basis as there were a number of standing items on the agenda. He suggested moving the meetings to bi monthly.	

	The LMC advised that the purpose of the meeting is to make primary care decisions and it was apparent at this and other CCGs that other issues are being presented for information that do not necessarily need to be received by the Primary Care Committee and there was a need to get the balance right. It was agreed that meeting dates would be reviewed and a revised meeting schedule would be circulated to members.	**AM**
16.131	**Date & Time of Next Meeting** The next meeting would be confirmed following a review of meeting dates.	

RESOLUTION:

"That representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest."
(Section 1[2] Public Bodies (Admission to Meetings) Act 1960.

Minutes approved by the Chair : 29.8.16